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## APPLICANTS

Alain Meunier, Paris, FRANCE;  
 Jacques Senegas, Merignac, FRANCE;  
 Regis Le Couedic, Andresy, FRANCE;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/FR03/03929 12/29/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

FRANCE 0300555 01/20/2003

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/15/2006

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

AIR MAIL

36713

## TITLE

Unit for treatment of the degeneration of an intervertebral disc

<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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